

**BEGIN ANEW COUNSELING, LLC**  
*DONNA VANDERKODDE, Licensed Professional Counselor*  
**PARENT/CHILD CONSENT FORM FOR CLIENTS UNDER 14 YEARS OLD**

**CONSENT FOR COUNSELING WITH MINORS UNDER 14 YEARS OLD**

In order for minor children (under 14 years old) to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Names and date of birth of child(ren) to receive psychological services:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of person requesting services \_\_\_\_\_

Your relationship to the child(ren): (circle correct response):

Parent                                      Stepparent                                      Guardian                                      Other

Are you the legal parent or custodian to the above-name child(ren)?                                      Yes      No

I hereby swear that I have legal right to obtain treatment for the named children:                                      Yes      No

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a step-parent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children. Are you willing to do so?                                      Yes      No

If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provided named below information regarding the nature and course of treatment of the child(ren). Michigan State law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency. This treatment may also include referral to other appropriate State and County agencies for further counseling.

I, \_\_\_\_\_ (print name), consent to KODDE COUNSELING, LLC, dba BEGIN ANEW COUNSELING, LLC, in providing psychological services to the child(ren) named above. These services may include Clinical services: Psychological Testing; Counseling/Therapy; or Other services.

Signature of person authorizing consent                                      Date: \_\_\_\_\_